

**Fill in this Information to identify the case:**

Debtor 1 William Robert & Connie Ann Hopkins, Jr.  
First Name Middle Name Last Name

Debtor 2 \_\_\_\_\_  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Arizona

Case Number: 17-03789

**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$90,954.02
Claimant's Name:	Dilks & Knopik, LLC
Claimant's Current Mailing Address, Telephone Number, and Email Address:	35308 SE Center St Snoqualmie, WA 98065 (425) 836-5728 admin@dilksknopik.com

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same. Case 2:17-pk-03789-MCW Doc 45 Filed 02/15/22 Entered 02/15/22 19:45:50 Desc Main Document Page 1 of 4

<sup>3</sup> The Owner of Record is the original payee.

#### 4. Notice to United States Attorney

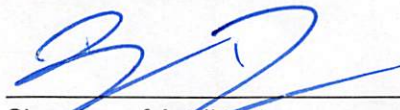
☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
District of Arizona  
2 Renaissance Square  
40 N. Central Ave., Suite 1800  
Phoenix, AZ 85004

#### 5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: February 15, 2022



Signature of Applicant  
Brian J Dilks – Member  
Dilks & Knopik, LLC

35308 SE Center Street  
Snoqualmie, WA 98065  
425-836-5728 x123  
admin@dilksknopik.com

#### 5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

Signature of Co-Applicant (if applicable) \_\_\_\_\_

Printed Name of Co-Applicant (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 6. Notarization

STATE OF WASHINGTON

COUNTY OF KING

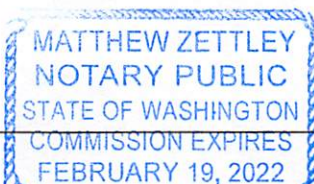
This Application for Unclaimed Funds, dated February 15, 2022 was subscribed and sworn to before me this 15<sup>th</sup> day of February, 2022 by Brian J Dilks who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public: 

Matthew Zettley

My commission expires: February 19, 2022



#### 6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_



## CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required documentation was mailed to:

United States Attorney for District of Arizona  
2 Renaissance Square  
40 N. Central Ave., Suite 1800  
Phoenix, AZ 85004

Names and addresses of all other parties served:

Date: February 15, 2022



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Brian J Dilks - Member  
Dilks & Knopik, LLC  
35308 SE Center Street  
Snoqualmie, WA 98065

**Explanation of Supporting Documentation  
for  
Application for Payment of Unclaimed Funds**

The claimant did not receive the dividend check in the above case for the following reason:

Dividends were not collected by the claimant, William Robert & Connie Ann Hopkins, Jr..

William Robert & Connie Ann Hopkins, Jr. has assigned the unclaimed funds to Dilks & Knopik LLC.

Date: February 15, 2022



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Brian J Dilks - Member  
Dilks & Knopik, LLC  
35308 SE Center Street  
Snoqualmie, WA 98065